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	7590 09/12/2005 MAN & HARMS, LL	P		have its own carifical	o of mailing or transmission.	smission
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.6/2005 TBESHAH2 000000	62 10660232			Carrie P		(Depositor's name)
C:2501	700.00 OP			anie kadrele		(Zigmanut)
C:1504	300.00 OP			November	15, 2005	(Dato)
C:8001 APPLICATION NO.	FILING DATE	PIRST NAMED DIV		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,232	09/10/2003		Gelu Voicu		CAT-12502	7720
TITLE OF INVENTION:	DIGITAL POTENTIOMETE	r including at	r least one bulk	IMPEDANCE DEVI	CB	
'APPLN. TYPE	SMALL ENTITY	ISSUE FE	iE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATEDIJE
nonprovisional	nonprovisional YES			\$300	\$1000	12/12/2005
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automoty or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Bever, Hoffman & Harms, LLP 2 Harms, LLP 3 E. Eric Hoffman			
3 ASSIGNER NAME AN	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print o	r typo)		
	ss en assigned is identified be in 37 CFR 3.11. Completion	tlow, no assignce of of this form is NOT	data will appear on the a substitute for filing	ne patent. If an assign an assignment.	nce is identified below, the o	document has been filed for
(A) NAME OF ASSICE	NCC	(B)) RESIDENCE; (CIT	Y and STATE OR CO	UNTRY)	
Catalyst	Semiconducto	r, Inc.	Sunn	yvale, CA		
***	te assignee category or catego	ries (will not be pri	nted on the patent):	🔲 Individual 🖫 Co	orporation or other private gr	oup entity Government
42. The following fee(s) an 🖾 15500 Fee	e enclosed:		Payment of Fec(s):	ount of the fee(s) is en	aham	ma Aasimiamia
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Advance Order - # 0					hary one required fee(s), or (truckes an extra c	credit any overpayment, to supp of this form).
a. Applicant claims f	s (from status indicated above SMALL ENTITY status. See) 37 CFR 1.27.	☐ b. Applicant is no	Innger claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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